



Handwritten initials and signature

Request for Continued Examination (RCE) Transmittal	Application Number	10/821756
	Filing Date	4/8/2004
	First Named Inventor	Bradley E. Johanson
	Art Unit	2451
	Examiner Name	TIV, BACKHEAN
	Attorney Docket Number	S03-093/US

Request for Continued Examination (RCE) under 37 CFR 1.114 of the above identified application			
1. Submission required under 37 CFR 1.114			
a. <input type="checkbox"/> Previously submitted. If a final office action is outstanding, any amendments filed after the final office action may be considered as a submission even if this box is not checked.			
i. <input type="checkbox"/> Consider arguments in the Appeal Brief or Reply Brief previously filed on _____			
ii. <input type="checkbox"/> Other _____			
b. <input checked="" type="checkbox"/> Enclosed			
i. <input checked="" type="checkbox"/> Reply No. Pages <u>14</u>		iii. <input type="checkbox"/> Information Disclosure Statement	
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)		iv. <input type="checkbox"/> Other	
2. Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)			
b. <input type="checkbox"/> Other _____			
3. Fees			
a. <input type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.			
i. <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e)			
ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)			
iii. <input type="checkbox"/> Other _____			
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed.			
c. <input checked="" type="checkbox"/> Payment by credit card. Form is attached.			
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
SIGNATURE	/ Ron Jacobs / Reg.No. 50,142	DATE	9/14/09
PRINTED NAME	Ron Jacobs	REG. NO.	50,142

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:			
SIGNATURE	/ Patricia Shepherd /		
PRINTED NAME	Patricia Shepherd	09/18/2009 JADD01	00000045 10021756
DATE	9/14/09	01 FC:2801	405.00 0P